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| | | | |
|---|----------------------------------|---|-------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004) | | Docket Number (Optional) KAG-002 | |
| Application Number 09/808911-Cont. #4578 | | Filed March 14, 2001 | |
| For ACCESS CONTROL PROTOCOL FOR USER PROFILE MANAGEMENT | | | |
| Art Unit 2143 | | Examiner T. J. Mauro | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | Fees | Small Entity Fee |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$110.00 | \$55.00 |
| <input checked="" type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$430.00 | \$215.00 |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$880.00 | \$490.00 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1,530.00 | \$765.00 |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2,080.00 | \$1,040.00 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0060</u> . I have enclosed a duplicate copy of this sheet. | | | |
| I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>50,445</u> | | | |
| <u>John S. Curren</u> Signature John S. Curren Typed or printed name | | <u>November 24, 2004</u> Date <u>(817) 227-7400</u> Telephone Number | |
| NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted | | | |

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9906 at Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Dated: November 24, 2004

Signature: John S. Curren (John S. Curren)

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